

NELSON COUNTY PARKS & RECREATION DEPARTMENT
QUICK START TENNIS REGISTRATION FORM

P.O. BOX 442 LOVINGSTON, VA 22949

434-263-7130 FAX 434-263-6022

Form MUST be turned in to NCPRD before the 1st class

NAME_____ MALE____ FEMALE____

PRESENT AGE_____ SCHOOL:_____ GRADE:_____

After class this child will: _____be picked up by parent _____ride the late bus _____go to YMCA After School

MEDICAL INFORMATION: Does your child have any special needs, physical limitations, allergies, or medications? Please list:

MOTHER/GUARDIAN:_____ FATHER/GUARDIAN:_____

ADDRESS:_____ ADDRESS:_____

PHONE_____ E-Mail _____ PHONE:_____ EMAIL:_____

CELL PHONE _____ CELL PHONE _____

EMERGENCY CONTACT (other than parent): NAME_____ PHONE_____

*****In the event of illness or injury to my child, which in the judgment of the NCPRD staff & volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I hereby release the NCPRD, The County of Nelson, and/or the Nelson County Public Schools from any and all claims I may have for all personal injuries my child may incur by participating in this program. I understand the County does not provide insurance & that I am responsible for any expenses for injuries.

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by Nelson County, Virginia

SIGNATURE_____ DATE_____
Parent/Guardian only

OFFICE USE ONLY

Payment: \$10/child _____CASH _____CHECK # _____ NCPRD STAFF
REC. # _____